

MATTHEW LOUIS JOHNSON
 PLAINTIFF/PETITIONER/MOVANT'S NAME
D-33369
 PRISON NUMBER

C.T.F. Central
 PLACE OF CONFINEMENT
P.O. Box 689
Soledad, Calif. 93960
 ADDRESS

FILED

2008 JAN 14 PM 3:56

CLERK US DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIABY RM DEPUTY

United States District Court
 Southern District Of California

2354	1983	<input checked="" type="checkbox"/>
FILING FEE PAID		
Yes	No	<input checked="" type="checkbox"/>
HPP MOTION FILED		
Yes	No	<input checked="" type="checkbox"/>
COPIES SENT TO		
Court	Pres	<input checked="" type="checkbox"/>

pro se
MATTHEW LOUIS JOHNSON
 Plaintiff/Petitioner/Movant
 v.
CAPTIAN DARR
 Defendant/Respondent

'08 CV 0080 DMS POR

Civil No. _____

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

MOTION AND DECLARATION UNDER
 PENALTY OF PERJURY IN SUPPORT
 OF MOTION TO PROCEED IN FORMA
 PAUPERIS

I, MATTHEW LOUIS JOHNSON D-33369

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration C.T.F. Soledad

Are you employed at the institution? ☐ Yes ☒ No

Do you receive any payment from the institution? ☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

Plaintiff was also previously granted in his prior complaint the permission to PROCEED IN FORMA PAUPERIS.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. _____

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer March of 1995, \$9.50
a hour, weekly salary- Bear Valley Fabricators, location,
Bear Valley CA. address U/K.

3. In the past twelve months have you received any money from any of the following sources?:

- | | |
|---|---|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Spousal or child support | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Any other sources | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. _____

4. Do you have any checking account(s)? ☐ Yes ☒ No

- a. Name(s) and address(es) of bank(s): _____
 b. Present balance in account(s): _____

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

- a. Name(s) and address(es) of bank(s): _____
 b. Present balance in account(s): _____

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

- a. Make: _____ Year: _____ Model: _____
 b. Is it financed? ☐ Yes ☒ No
 c. If so, what is the amount owed? _____

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. NONE

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable): _____

NONE

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): NONE

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses. Plaintiff is incarcerated, and indigent.

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

1-3-08

DATE

Matthew A. Schubert

SIGNATURE OF APPLICANT

If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
 (To be completed by the institution of incarceration)

I certify that the applicant MATTHEW LOUIS JOHNSON
 (NAME OF INMATE)

D-33369

(INMATE'S CDC NUMBER)

has the sum of \$ 0 on account to his/her credit at _____

C. T. F. Soledad, Central

(NAME OF INSTITUTION)

I further certify that the applicant has the following securities 0

to his/her credit according to the records of the aforementioned institution. I further certify that during

the past six months the applicant's *average monthly balance* was \$ 0

and the *average monthly deposits* to the applicant's account was \$ 0

**ALL PRISONERS *MUST* ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT
 STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD
 IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).**

 DATE

 SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

 OFFICER'S FULL NAME (PRINTED)

 OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

D-33369

I, MATTHEW LOUIS JOHNSON, request and authorize the agency holding me in
(Name of Prisoner/ CDC No.)
custody to prepare for the Clerk of the United States District Court for the Southern District of California, a
certified copy of the statement for the past six months of my trust fund account (or institutional equivalent)
activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my
trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to
this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII,
§§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California,
and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which
I am obligated is either ☒ \$150 (civil complaint) or ☐ \$5 (habeas corpus petition) (check one). I also
understand that this fee will be debited from my account regardless of the outcome of this action. This
authorization shall apply to any other agency into whose custody I may be transferred.

1-3-08

DATE

Matthew Louis Johnson

SIGNATURE OF PRISONER

Case Number: _____

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of

JOHNSON D33369 for the last six months at
[prisoner name]

CORRECTIONAL TRAINING FACILITY where (s)he is confined.
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ Ø and the average balance in the prisoner's account each month for the most recent 6-month period was \$ Ø.

Dated: 1-9-08

Brenda Nation, Acct Technician
(Authorized officer of the institution)

CORRECTIONAL TRAINING FACILITY
P.O. BOX 686
SOLEDAD, CA 93960
ATTN: TRUST OFFICE



THIS STATEMENT IS A CORRECT
COPY OF THE PRISONER'S ACCOUNT MAINTAINED
BY THE TRUST OFFICE

ATTEST: 1-9-08
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY Brenda Nation
TRUST OFFICE

Account Technician

00001000

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
CTF SOLEDAD/TRUST ACCOUNTING
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: AUG. 10, 2007 THRU JAN. 09, 2008

ACCOUNT NUMBER : D33369 BED/CELL NUMBER: CPDWT3000000315U
ACCOUNT NAME : JOHNSON, MATTHEW LOUIS ACCOUNT TYPE: I
PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	0.00	0.00

CURRENT

AVAILABLE

BALANCE

0.00

TRAINING FACILITY
P.O. BOX 886
SOLEDAD, CA 93960
ATTN: TRUST OFFICE



THIS STATEMENT IS A CORRECT
COPY OF THE ACCOUNT MAINTAINED

BY THE OFFICE

ATTEST: 1-9-08

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY Brenda Nation
TRUST OFFICE

Account Technician